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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	120 01449 US Christopher Mark Elms et al.					
First Named Inventor						
COMPLETE	IF KNOWN					
Application Number	09 / 954,593 448					
Filing Date	09/19/2001					
Group Art Unit	2165					
Examiner Name	ТВО					

	As a below named inventor, I	hereby declare ti	nat:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						
1	My residence, post office addre	ss, and citizenship	are as stated below next to my	name.							
	I believe I am the original, first a names are listed below) of the										
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	ls attached hereto	*	(Tide of the invention)								
H. X. W. C.	was filed on (MM/DD/YY	YY) 09.	/19/2001 as Unite	d States Applicat	ion Number or PC	CT International					
	Application Number 09/9	54,593 aı	nd was amended on (MM/DD/Y	m		(if applicable).					
	I hereby state that I have review amended by any amendment sp	ed and understand ecifically referred to	the contents of the above iden above.	tified specification	n, including the cla	alms, as					
	I acknowledge the duty to disclo	se information which	h is material to patentability as	defined in 37 CF	R 1.56.						
	I hereby claim foreign priority be certificate, or 365(a) of any PCT America, listed below and have at or of any PCT international applications.	so identified below	, by checking the box, any fore	ion application fo	r patent or invente	t or inventor's lited States of or's certificate,					
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached? NO					
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	Additional foreign application	number en listed	on a supplemental priority data	about RTO/CR/0	OD attached house						
-	I hereby claim the benefit under					10:					
	Application Number(s)		Date (MM/DD/YYYY)								
				numbe supple	onal provisional ers are listed on emental priority 68/02B attached	a data sheet					

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.

U.S. Parent Application or PCT Parent Number						ling Date			ent Patent Number (if applicable)		
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Additional U.S. or	PCT internations	application	n numbers are	listed on a	supplementa	l priority data	sheet P	TO/SB/C	2B attached h	ereto. 🏄 🤊	
As a named Inventor, I	hereby appoint th	e following	registered prac	ctitioner(s)	to prosecute	this application	on and to	transac	t all business i	n the Paten	
and Trademark Office	connected therew	ith: 🗹 ci	ustomer Numbe	er	000128		~~~				
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Additional register	ed practitioner(s)	named on a	supplemental F	egistered	Practitioner II	nformation she	eet PTO/	SB/02C	attached here	to.	
Direct all correspond	dence to: 🗹	Customer or Bar Co				OR	2 c	опевро	ondence addr	ess below	
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City		Morristow	n		State	NJ	ZIP 07962				
Country	USA		Telephone		602-313-5683			Fax 602-313-4559			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Given Name (first and middle [if any]) Family Name or Sumame											
	Christophe	r Mark	<u> </u>	_0		0	Ein	ns			
inventor's Signature	*	-**	(//m	$\frac{1}{2}$	W	Δ			Date		
Residence: City	Melb	oume	State	Ontario	Country Canada Citizenship Canada						
Post Office Address	5829 Riverside Drive										
Post Office Address Rural Route #1											
City	Melbourne	State	Ontario	ZIP	N0	L 1 T 0	Country Canada			ada	
Additional inven	tors are being r	named on	the ^{one} sup	niementa	I Additional	Inventor(s)	sheet(s) PTO/	SB/02A attac	ched heret	

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PTO/SB/02A (3-97)

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3_ of ___

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Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any])						Family Name or Sumame					
	David B.						V	aleriote	1		
Inventor's Signature	David B	V	l	erio (Date fand				600c/8m	
Residence: City	London	Ontario State				ountry	Canada		Citizens	hip	/ Canada
Post Office Address	561 William Street										
Post Office Address	•										
City	London	Sta	ate	Onta	rio	ZIP	N6B 3E5	Country	intry Cana		ada
Name of Addition	nal Joint Inventor, if any:								entor		
Given Nar	ne (first and middle [if any]) Family Name or S							Gurname			
St. Elikaber	David D. McKinnon										
Inventor's Signature	Date Jans/2								Jan 8/203		
Residence: City	Toronto	Sta	ate	Ontar	io	Country	Canada	1	Citize	nship	Canada
Post Office Address	107 Red Path Avenue										
Post Office Address					Ар	artment	302				
City	Toronto	S	ate	Ont	ario	ZIP	M4S 2J9	Cour	ntry	y Canada	
Name of Addition	nal Joint Inventor, if an	y:				A petitio	n has been file	d for th	nis unsigr	ned inv	entor
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DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Speet)

Name	Registration Number	n .	Name		ricegistration Number
Andrew A. Abeyta	39,582	27.00			1100
William C. Anderson	28,147	du kul	a Samuel Maria		Living a service of the service of t
Virginia Szigeti Andrews	29,039*	***			LANCE I
Melanie L. Brown	31,592				
Curtis B. Brueske	33,839	330 A	AND		
Charlotte H. Copperthite	32,975	3×16	an inggan		
Roger H. Criss	25,570	(17 €) 11 12 14 1			
Robert Desmond	38,450	77 F.			
Felix Fischer	31,614	9,00	成为公司的 对公		
Kris T. Fredrick	42,554	23/	14 8 May 1		
Eric Halsne	46,753				
Mary Ann G. Lemere	32,160	Simil	Mary (Allander)		
Robert B. Leonard	33,946		160 A 40 18 18 18 18 18 18 18 18 18 18 18 18 18		
Paul L. Marshall Anthony Miologos	31,178 29,677	186	es digeth		
Shannon Morris	42,909	~ 6, 3 8	W. Herrick Harrison		
Keith A. Newbury	38,980			V and a line	
Larry J. Palguta	29,575			4	
John G. Shudy, Jr.	31,214	44	Car Williams	AL HILLEN	
Ephraim Starr	41,325	.) - (क्राक्री) -			7
Jeanne C. Suchodolski	34,936			1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	
Colleen Szuch	32,126				
Maria C. Walsh	37,958	.0			
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